

then apply.

Grant Application Package

Opportunity Title:	Title: EPA Mandatory Grant Programs				
Offering Agency:	Environmental Protection Agency				
CFDA Number:	66.802 Superfund State, Political Subdivision, and Indian Trib EPA-CEP-02				
CFDA Description:					
Opportunity Number:					
Competition ID:	Opinion and the second				
Opportunity Open Date:					
Opportunity Close Date:	10/04/2020				
Agency Contact:	Please consult your	regional office.			
	<u> </u>				
This opportunity is c tribal government, a	only open to organizations cademia, or other type of	, applicants who are submi organization.	tting grant applications	on behalf of a company, s	tate, local or
Application Filing Name:	Confederated Tribe	and Bands of the Yak	ama Nation		
Select Forms to Cor	nplete				
Mandatory				H	
Application	for Federal Assistance (S	6F-424)			
Optional					
Budget Info	rmation for Non-Constru	tion Programs (SF-424A)			***************************************
	ONTACTS FORM	_ = 0		89888899999999	
Disclosure of	of Lobbying Activities (SF	<u>-LLL)</u>			40000000000000000000
Project Nari	rative Attachment Form				********************************
Grants.gov	Grants.gov Lobbying Form				
☐ EPA.Form 4700-4					
Assurances	for Non-Construction Pr	ograms (SF-424B)	572		
Budget Nar	☐ Budget Narrative ≟:tachment Form				
Instructions					
Show Instructions	>>				

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and

OMB Number: 4040-0004 Expiration Date: 10/31/2019

Application for Federal Assistance SF-424				
* 1. Type of Submission Preapplication	on:	* 2. Type of Application: New Continuation	* If Revision, select appropriate letter(s): A: Increase Award * Other (Specify):	
★ Application Changed/Corre	cted Application	Revision		
* 3. Date Received: Completed by Grants.gov				
5a, Federal Entity Ide	ntifier		5b, Federal Award Identifier:	
State Use Only:				
6. Date Received by 5	State:	7. State Application	n Identifier:	
8. APPLICANT INFO	PRIMATION.			
* a, Legal Name: Co	onfederated Tr	ibes and Bands of the	e Yakama Nation	
* b. Employer/Taxpay 910576806	*b. Employer/Taxpayer Identification Number (EIN/TIN): 910576806 *c. Organizational DUNS: 8038863990000			
d. Address:				
* Street1: Street2:	401 Fort Road			
* City: County/Parish:	Toppenish			
* State:	Yakima		WA: Washington	
Province:				
* Country: * Zip / Postal Code:	98948-1524		USA: UNITED STATES	
e. Organizational U				
			Division Name:	
Department Name:		rce	Fisheries	
f. Name and contact information of person to be contacted on matters involving this application:				
Prefix: Mr. *First Name: Paul Middle Name: *Last Name: Ward				
Suffix:				
Title:				
Organizational Affiliation:				
* Telephone Number: 509.865.5121 ext 6363 Fax Number:				
*Email: warp@yakamafish-nsn.gov				

Application for Federal Assistance SF-424
* 9. Type of Applicant 1: Select Applicant Type:
I: Indian/Native American Tribal Government (Federally Recognized)
Type of Applicant 2. Select Applicant Type:
Type of Applicant 3: Select Applicant Type:
* Other (specify):
* 10. Name of Federal Agency:
Environmental Protection Agency
11. Catalog of Federal Domestic Assistance Number:
66.802
CFDA Title:
Superfund State, Political Subdivision, and Indian Tribe Site-Specific Cooperative Agreements
* 12. Funding Opportunity Number:
EPA-CEP-02
* Title
EPA Mandatory Grant Programs
13. Competition Identification Number:
Title:
14. Areas Affected by Project (Citles, Counties, States, etc.):
Add Attachment Delete Attachment View Attachment
* 15. Descriptive Title of Applicant's Project:
Attach supporting documents as specified in agency instrictions. Add Attachments Delete Attachments Viow Attachments

Application for Federal Assistance SF-424
16. Congressional Districts Of:
*a. Applicant WA-4 *b. Program/Project OR 1&3
Attach an additional list of Program/Project Congressional Districts if needed.
Add Attachment Delete Attachment View Attachment
17. Proposed Project:
*a. Start Date: 03/01/2016 *b. End Date: 12/31/2018
18. Estimated Funding (\$):
*a. Federal 239, 786. 00
* b. Applicant
*c. State
*d. Local
° e. Other
* f. Program Income
*g. TOTAL 239,786.00
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?
a. This application was made available to the State under the Executive Order 12372 Process for review on
b. Program is subject to E.O. 12372 but has not been selected by the State for review.
□ C. Program is not covered by E.O. 12372.
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)
☐ Yes ☒ No
If "Yes", provide explanation and attach Add Attachment Delete Attachment View Attachment
21. *By signing this application, I certify (f) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) ** I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.
Authorized Representative:
Prefix: Mr. * First Name: JoDe
Middle Name:
* Last Name Goudy
Suffix:
*Title: Chairman
* Telephone Number: 506.865.5121 Fax Number:
*Email: jode@yakama.com
* Signature of Authorized Representative: Completed by Grants.gov upon submission.

....

Document Readers



Award Change Request

Re: Yakama Nation oversight Portland Harbor Site ->

Working **Document Status**

Document Phase: Final

Last Modified: 01/25/2017

Current Editor: Cathy Reese

Delegate: Joanne Brendle

Change Information

EPA Region: EPA R10

Grant Number: 01J13201-1

Change Type: Increase of Funds Requires: Amendment

(Supplemental)

Details: This amendment increases Federal funding by \$239,736.

Requestor: Cathy Reese

Title: EPA Senior Grant Specialist

Phone: 206-553-6286

Request Date: 01/19/2017

Proposed Budget

Funds	Former Award	This Action	Amended Total
EPA Amount This Action:	\$176,000	\$239,736	\$415,736
EPA In-Kind Amount:	\$0	\$	\$0
Prior Year Balance:	\$0	\$	\$0
Other Federal Funds:	\$0	\$	\$0
Recipient Contribution:	\$0	\$	\$0
State Contribution:	\$0	\$	\$0
Local Contribution:	\$0	\$	\$0
Other Contribution:	\$0	\$	\$0
Allowable Project Cost:	\$176,000	\$239,736	\$415,736

Attachments

Attachments:

Re	vi	PW/

EPA Project Officer: Deborah Robinson

Submitted:

Due Date:

Origination Information

OMB Number: 4040-0004 Expiration Date: 10/31/2019

Application for Federal Assistance SF-424				
* 1. Type of Submission. Preapplication Application Changed/Corrected Application	New	If Revision, select appropriate letter(s): A: Increase Award Other (Specify):		
* 3. Date Received: Completed by Grants gov upon submission.	4. Applicant Identifier:			
5a, Federal Entity Identifier:		5b. Federal Award Identifier: 01J13201		
State Use Only:				
6. Date Received by State:	7. State Application Id	dentifier;		
8. APPLICANT INFORMATION:	3 2			
a. Legal Name: Confederated Tr	ibes and Bands of the	Yakama Nation		
* b. Employer/Taxpayer Identification Num	nber (EIN/TIN):	° c. Organizational DUNS:		
910576806		8038863990000		
d. Address:				
*Street1: 401 Fort Road				
Street2:				
*City: Toppenish	Toppenish			
County/Parish: Yakima				
* State:		WA: Washington		
Province:	C#0			
* Country:		USA: UNITED STATES		
* Zip / Postal Code: 98948-1524				
e. Organizational Unit:				
Department Name:		Division Name:		
Department of Natural Resour	се	Fisheries		
f. Name and contact information of person to be contacted on matters involving this application:				
Prefix: Mr.	* First Name:	Paul		
* Last Name: Ward				
Suffix: Ward	1			
Title:				
Organizational Affiliation:				
*Telephone Number: 509.865.5121 ext 6363 Fax Number:				
*Email: warp@yakamafish-nsn.gov				



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CFDA Description:	Superfund State, Political Subdivision, and Indian Trib				
Opportunity Number:	EPA-CEP-02				
Competition ID:					
Opportunity Open Date:					
Opportunity Close Date:	10/04/2020				
Agency Contact:	Please consult your regional office.				
This opportunity is called tribal government, a	only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or cademia, or other type of organization.				
Application Filing Name:	Confederated Tribes and Bands of the Yakama Nation				
Select Forms to Cor	nplete				
Mandatory					
Application	for Federal Assistance (SF-424)				
Optional	Handan or the Target State of the Charles of the Ch				
⋈ Budget Info	rmation for Non-Construction Programs (SF-424A)				
	ONTACTS FORM				
Disclosure	of Lobbying Activities (SF-LLL)				
Project Nar	rative Attachment Form				
Grants.gov	Lobbying Form				
EPA Form	1700-4				
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☐ Budget Nar	rative Attachment Form				
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* Title:
EPA Mandatory Grant Programs
40 Compatible Lieutification Number
13. Competition Identification Number:
Title
Title:
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Add Attachment Delete Attachment View Attachment
* 15. Descriptive Title of Applicant's Project:
Attach supporting documents as specified in agency instructions.
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* a. Start Date: 03/0	01/2016	* b. End Date: 12/31/2018		
18. Estimated Fundi	ng (\$):			
* a. Federal	239	786.00		
* b. Applicant				
* c. State				
* d. Local				
*e. Other				
* f. Program Income				
*g TOTAL	239,	786.00		
* 19. Is Application S	ubject to Review By State U	nder Executive Order 12372 Process?		
a. This applicatio	n was made available to the S	State under the Executive Order 12372 Process for review on		
b. Program is sul	pject to E.O. 12372 but has no	ot been selected by the State for review.		
C. Program is not	covered by E.O. 12372.			
	No	Debt? (If "Yes," provide explanation in attachment.)		
		Add Attachment Delete Attachment View Attachment		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.				
Authorized Represer	itative:			
Prefix: Mr.		• First Name: JoDe		
Middle Name:				
* Last Name: Goudy				
Suffix:				
* Title: Chairma	in .			
*Telephone Number: 506.865.5121 Fax Number:				
*Email: jode@yakama.com				
* Signature of Authorize	ed Representative: Completed	by Grants gov upon submission * Date Signed: Completed by Grants gov upon submission.		